



CUSTOMER SERVICE QUESTIONNAIRE

U.S. Department of Transportation
Maritime Administration

A Maritime System that Serves America
With American Ships and American Labor

OMB No. 2133-0528
Expiration Date: 03/31/02

Dear Customer:

We value your feedback and would like to know how well we are meeting your needs with respect to the _____ program activity. Please take a few moments to complete the following questions that apply and return this postage paid mailer to us or fax it to (202) 366-9206. For your convenience, you may respond electronically through MARAD's Home Page (<http://www.marad.dot.gov>). This survey takes approximately 2 minutes to complete.

| | Yes | No | Not Applicable | Unsatisfactory | Satisfactory | Excellent |
|---|--------------------------|--------------------------|--------------------------|--|--------------------------------|-------------------------------|
| 1. TELEPHONE CONTACT | | | | 4. RESPONSE | | |
| a. Did you call a specific MARAD staff member? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Response Time | | |
| | | | | Telephone | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Were you assisted or correctly redirected by (respond to all that apply): | | | | Electronic Contact | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff Member | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Material | <input type="checkbox"/> | <input type="checkbox"/> |
| Answerer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Completeness | <input type="checkbox"/> | <input type="checkbox"/> |
| Voice Mail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If not complete, did we explain why? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Was call returned | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Courteous Service | <input type="checkbox"/> | <input type="checkbox"/> |
| Length of time to reply _____ | | | | 5. SERVICE | | |
| d. Did you use a toll free number? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Did someone at this agency provide you exceptional service? | <input type="checkbox"/> (yes) | <input type="checkbox"/> (no) |
| If so, did you receive assistance or direction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. If yes, who? (Name and Phone Number) | _____ _____ | |
| 2. ELECTRONIC CONTACT | | | | 6. PLAIN LANGUAGE | | |
| a. Did you use E-mail or facsimile rather than telephone? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is MARAD's information organized, clear, and easy to understand? <input type="checkbox"/> (yes) <input type="checkbox"/> (no) | | |
| b. Did you receive a response? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. COMMENTS | | |
| c. Have you visited MARAD's web site at http://www.marad.dot.gov | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Please suggest specific improvements or benchmarks for comparable service: _____ _____ _____ | | |
| d. Was the web site helpful in: | | | | Name/Phone No. (Optional) _____ | | |
| Finding the material you needed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Would you like a MARAD employee to call to discuss comments <input type="checkbox"/> (yes) <input type="checkbox"/> (no) | | |
| Finding an appropriate contact? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | On behalf of the Maritime Administration, thank you for evaluating our customer service. We look forward to serving you again. | | |
| (For suggestions or changes, see our comment section.) | | | | (For Office Use Only) | | |
| 3. MATERIAL PROVIDED | | | | Organizational Code | | |
| a. Did you receive the information/items you requested? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Program Activity Code | | |
| b. Was the information current? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Date of Response | | |
| c. Which format did you receive? <input type="checkbox"/> Paper <input type="checkbox"/> Electronic | | | | Item(s) were Mailed/Faxed/E-mailed | | |
| d. Which format is preferred? <input type="checkbox"/> Paper <input type="checkbox"/> Electronic | | | | External or Internal | | |

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FOLD HERE

FOLD HERE

U.S. Department
of Transportation

Maritime
Administration

400 Seventh St. SW
Washington, DC 20590-0001



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Maritime Administration
400 7th Street, SW, Room 7210
Washington, DC 20590-0001

